

PART B - FEE(S) TRANSMITTAL

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4788R 7590 10/07/2009
 HEDMAN & COSTIGAN P.C.
 1185 AVENUE OF THE AMERICAS
 NEW YORK, NY 10036

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Kathleen A. Costigan (Depositor's name)
 (Signature)
 12-2-09 (Date)

12/07/2009 SSANDAR1 00000033 081540 10559692

01 FC:2501 755.00 DA
 02 FC:1504 300.00 DA
 03 FE:0001 6.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559.692	12/05/2005	Piero Ciabatti	1333-011	1961

TITLE OF INVENTION: APPARATUS FOR AUTOMATIC DELIVERING OF PASTE FOOD PRODUCTS, PARTICULARLY ICE CREAM AND/OR YOGHOURT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/07/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
NIESZ, JASON KAROL	3751	141-082000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Hedman & Costigan, P.C.

Kathleen A. Costigan

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CENTRO DESIGN S.A.S. DI ALDO CIABATTI ITALY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-1540 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 12-2-09

Typed or printed name Kathleen A. Costigan

Registration No. 56,006

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